

**PATIENT PARTNERSHIP PLAN**

**Dear Patient,**

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. Achieving your ***best possible health*** requires a “partnership” between you and your healthcare provider. As our “partner in health,” we ask you to help us in the following ways:

**Schedule Visits with My Healthcare Provider for Routine Physical Exams and Other**

**Recommended Health Screenings**

I understand that my healthcare provider will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (mammogram, colonoscopies, pap smears, etc). **These health screenings are tests that can help detect life-threatening diseases and conditions.** If I visit my healthcare provider only for treatment of immediate problems and forget to arrange for regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my healthcare provider to complete my physical exam and to discuss these health screenings.

**Keep Follow-up Appointments and Reschedule Missed Appointments**

I understand that my healthcare provider will want to know how my condition progresses after I leave the office. Returning to my healthcare provider on time gives him or her the chance to check my condition and my response to treatment. During a follow-up appointment, my healthcare provider might order tests, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don’t reschedule, I run the risk that my healthcare provider will not be able to detect and treat a serious health condition. I will make every effort to reschedule missed appointments as soon as possible.

**Call the Office When I Do Not Hear the Results of Labs and Other Tests**

I understand that my healthcare provider’s goal is to report my lab and test results to me as soon as possible. However, if I do not hear from my healthcare provider’s office within the time specified, I will call the office for my test results.

**Follow the Office Policy for Medication Refills**

I understand that a critical part of my treatment involves taking my medication as prescribed by my healthcare provider. I understand that I need to have regular follow ups to monitor how I am doing on my medication. I understand that I must make an appointment for a visit to refill controlled medications, these medications cannot be refilled between appointments. I understand that I need to ask my pharmacy to contact my healthcare provider before I run out of any medication. There is a 24-48 hour turnaround for all medication refills.

**Inform My Healthcare Provider if I Decide *Not* to Follow His or Her Recommended**

**Treatment Plan**

I understand that after examining me, my healthcare provider may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that *not* following my treatment plan can have serious negative effects on my health. I will let my healthcare provider know whenever I decide *not* to follow his or her recommendations so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient, you have the right to be informed about your health care. We invite you, **at any time**, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health or condition, please ask.

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Patient Signature Date